

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

SEMSC Board of Directors Regular Meeting

Thursday, January 14, 2021

9:00 – 10:30 AM

(Via WebEx)

AGENDA

Board of Directors

Birgitta Corsello
Solano County Administrator
Chair, SEMSC

John Jansen
Health Care Consumer Rep.
Vice Chair, SEMSC

Joshua Chadwick, Fire Chief
Benicia Fire Department
Fire Chief Representative

Caesar Djavaherian, MD
Emergency Department
NorthBay Medical Center
Physicians' Forum Rep.

Greg Folsom, City Manager
City of Suisun
City Manager Representative

Thea Giboney, MHA
Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

David Piccinati, MD
Emergency Department
Sutter Solano Med. Center
Medical Professional Rep.

EMS Agency Staff

Bela Matyas, MD, MPH
Public Health Officer

Bryn E. Mumma, MD, MAS
Medical Director

Ted Selby
Agency Administrator

Counsel

Jo Ann Iwasaki Parker
Deputy County Counsel

In an effort to protect public health and prevent the spread of COVID-19, and in accordance with the Governor's Executive Order N-29-20, the public may listen to the open session portion of the meeting as there will be no public location for attending in person. To listen to the meeting, dial 1-415-655-0001 and use Access Code 177 731 8142.

PUBLIC COMMENT

Members of the public who wish to comments on any item on the agenda may submit comments by emailing RECanones@solanocounty.com or mailing the comments to 355 Tuolumne St., Suite 2400, MS 20-240, Vallejo, CA. 94590 (Attention: SEMSC). The comments must be received no later that Wednesday January 13, 2021 at 5:00 p.m.. Copies of comments received will be provided to the Board and will become a part of the official meeting record but will not be read aloud at the meeting.

Members of the public who wish to address the Board on the special agenda item should email RECanones@solanocounty.com with a request. The chair will call upon speakers for public comment after the presentation of the agenda item. Each speaker will have 5 minutes to address the Board.

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-415-655-0001 and using Access Code 177 731 8142. No attendee ID number is required. Once entered into the meeting, you will be able to hear the meeting and will be called upon to speak during the public comment period.

SEMSC does not discriminate against persons with disabilities. If you wish to participate in this meeting and will require assistance in order to do so, please call Rachele Canones at (707) 784-8155 or email RECanones@solanocounty.com at least 24 hours in advance of the meeting to make reasonable arrangements to ensure accessibility to this meeting.

Non-confidential materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet will be emailed to you upon request. You may request materials by emailing RECanones@solanocounty.com.

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Regular Board Meeting – Agenda – January 14, 2020

1. CALL TO ORDER - 9:00 a.m.

2. ROLL CALL

3. ITEMS FROM THE PUBLIC

*This portion of the meeting is reserved for persons wishing to address the Board on any matter **not** included on the agenda.*

4. APPROVAL OF THE MINUTES OF December 10, 2020 (Discussion/Action)

5. APPROVAL OF THE AGENDA (Discussion/Action)

6. REPORTS (Informational Reports)

a. SEMSC Medical Director's Report

Attachments: A – List of Updated EMS Polices and Protocols

b. EMS Administrator's Report

c. Medic Ambulance Operator's Report

d. EMS Quarterly Activity Report

Attachments: A – EMS Quarterly Activity Report for the Period of October 1 to December 31, 2020 including:

(1) EMS General Overview

(2) EMS General Data

(3) EMS Specialty Care Program Data

(4) EMS Trauma One

(5) Emergency Medical Dispatch (EMD) ProQA

(6) ESO EMD Data Repository

e. SEMSC Fiscal/Budget Update (Informational Report)

Attachments: A – Revenue to Date

B – Expenses to Date

C – Revenue Forecast

7. ITEMS FROM THE PUBLIC

This portion of the meeting is reserved for persons wishing to address the Board on Regular Calendar Items included on the Agenda. Each speaker shall have 2 minutes to address the Board

8. REGULAR CALENDAR (Discussion/Action)

a. Selection of Vice Chair for 2021

b. Approval of the 2021 Meeting Schedule

c. Review and Consider Approval of Annual SEMSC Budget/Revenue Allocation Plan for FY 2021/2022, and Adoption of Resolution 21-001

Attachments: A – Resolution 21-001 (Annual Budget/Revenue Allocation Plan)

B – Projected Reserves Balance

9. BOARD MEMBER COMMENTS

a. Chair

b. Directors

10. ADJOURN

To the next regularly scheduled meeting of April 8, 2021 at 9:00 AM in the Suisun City Council Chambers, 701 Civic Center Blvd., Suisun City CA 94585 or via WebEx.

**Solano Emergency Medical Services Cooperative (SEMSC)
Special Meeting Minutes
December 10, 2020; 9:00AM – 12:00 PM
via WebEx**

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Joshua Chadwick, Fire Chiefs Representative
- Caesar Djavaheerian, Physicians' Forum Representative
- Greg Folsom, City Managers Representative
- Thea Giboney, Medical Professional Representative
- John Jansen, Healthcare Consumer Representative
- David Piccinati, Medical Professional Representative

STAFF

- Ted Selby, EMS Administrator
- Bryn Mumma, EMS Medical Director
- Bela Matyas, Public Health Officer
- Rachelle Canones, Administrative Secretary
- Rebecca Cronk, EMS Specialty Care Supervisor
- Keith Erickson, EMS Coordinator
- Benjamin Gammon, EMS Coordinator
- Colleen Hogan, Health Education Specialist

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
1. <u>Call to Order</u>		(none)	
2. <u>Roll Call</u>	Meeting called to order with a quorum present. Board Member Piccinati was absent;		
3. <u>Approval of the Agenda</u>	<p>Board Member Chadwick moved to approve the special meeting minutes. Board Member Jansen seconded.</p> <p><u>Roll Call Vote:</u> John Jansen – AYE Joshua Chadwick – AYE Caesar Djavaheerian – AYE Greg Folsom – AYE Thea Giboney – AYE Birgitta Corsello – AYE David Piccinati – (Absent)</p> <p>Agenda is approved.</p>		

<p>4. <u>Approval of the Minutes of October 8, 2020 Regular Meeting</u></p>	<p>Board Member Folsom moved to approve the agenda. Board Member Chadwick seconded.</p> <p><u>Roll Call Vote:</u> John Jansen – AYE Joshua Chadwick – AYE Caesar Djavaherian – AYE Greg Folsom – AYE Thea Giboney – AYE Birgitta Corsello – AYE David Piccinati – (Absent)</p> <p>The Minutes from the Regular Board Meeting on October 8, 2020 is approved.</p>		
<p>5. <u>Consider Approval of Rate Increase for Medic ALS Ambulance Services</u></p> <p>a. Staff presentation of proposals regarding amount of increase in ALS ambulance fees and timeline for implementation.</p>	<p>a. The EMS Administrator stated that EMS staff met and conferred with the affected stakeholders; as a result of these meetings, a proposed four-step graduated payment model was developed by staff.</p> <p>Mr. Selby also pointed out that in response to the Board’s direction at the October meeting, Medic Ambulance submitted a revised request offering graduated payments as well. The letter and Medic’s proposed rate increase option schedules are included in the meeting packet. Medic proposed three options which are included in the staff report, and varies from a one-time increase to a three-year graduated plan. The one-time increase is the same one presented in October, which was not adopted by the Board.</p>		

<p>b. Public Comments</p>	<p>Medic’s recommended option is a three-year, graduated payment, with increases scheduled on January 1st, 2021, 2022 and 2023. It was noted that this model incorporates medical consumer price index (CPI) increases in the calculations.</p> <p>The staff developed model is to adopt a four-year graduated payment increase, which is very similar to Medic’s proposal, with the only difference being the increase in 2021 is split, in two with the initial increase imposed on January 1, 2021, and the second increase on July 1, 2021. The subsequent increases will be January 1, 2022 and 2023.</p> <p>Mr. Selby further pointed out that there was no opposition to the proposed mileage rate modification from \$40.51 to \$48.51.</p> <p>b. Rebecca Rozen, Regional Vice Present of the Hospital Council of the East Bay – Ms. Rozen thanked Mr. Selby and EMS staff for communicating with all the stakeholders, including the hospitals. Ms. Rozen expressed support for the four-step graduated payment outlined by staff, as it recognizes the need for a phased-in increase, as directed by the Board, as well as the need to increase ALS ambulance rates to be in alignment with neighboring counties.</p> <p>Ms. Rozen added that the two-step increase during the first year will help hospitals greatly, with most going through their second surge of COVID-19, which is affecting both hospitals and ambulance providers financially as well.</p> <p>Mr. James Pierson, President and Chief Operating Officer of Medic Ambulance – Mr. Pierson thanked the EMS Administrator for the collaboration with the fire agencies and all other stakeholders. It was added that while they do not agree that hospitals should have a say in the ambulance providers’ rate setting, they do agree that there should be collaboration and communication between all EMS stakeholders. Mr. Pierson also thanked the Board for convening a special meeting to get a resolution on the rate increase.</p>		
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<p>c. Board Discussion</p>	<p>Mr. Selby added that NorthBay Healthcare had submitted a letter of support for the staff proposal as well, and this letter was distributed to the Board.</p> <p>c. Board Member Chadwick thanked Mr. Selby and EMS staff for organizing the Special Meeting quickly and reaching out to all the stakeholders. However, Board Member Chadwick expressed disagreement with who the stakeholders are in this case; as well as with the concept of dictating what rates a provider should charge, particularly in the case of hospital providers who have millions in annual revenues.</p> <p>A question was also raised as to why the staff proposal is five percent (5%) less than Medic's proposal. Board Member Chadwick proposed adjusting the increase in years two and three to 17.5% so that the total increase would be the same as what Medic has requested and recommended in their most recent letter.</p> <p>Board Member Jansen requested clarification on the percentages on the proposal from last meeting, compared to the staff recommendation. Mr. Selby explained that the original request from Medic was 42 ½% rounded up to 43% or a \$705 increase in the ALS base rate. The staff recommendation is based on the numbers discussed with the stakeholders after the last Board Meeting. It was added that Board Member Chadwick's comment is correct, and that Medic's current request is for a total of 60% increase, and increasing the percentage by 2 ½% in 2022 and 2023 would meet the request of Medic Ambulance of 60%.</p> <p>Board Member Jansen further inquired as to whether the increase ends up being higher due to compaction, since it is now being broken down into graduated payments, and what the difference would look like. Mr. Selby agreed that this is correct, and that there would be about a three percent (3%) difference (\$85) due to compaction.</p>		
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	<p>Board Member Jansen also asked what the average medical CPI has been in the last three to five years. Mr. Selby explained that in the last six years, medical CPI has ranged between one to six percent (1% to 6%) per year, based on staff research.</p> <p>Board Member Giboney thanked EMS staff for including information on medical CPI in the meeting packets, particularly how the rates would have progressed in the last six years, had the medical CPI increases been applied annually. Board Member Giboney also inquired as to the rationale behind incorporating projected medical CPI increases to the proposed graduated payments versus applying the medical CPI annually as they become known as it varies. Adding that the first three steps in the four-step increase proposed by staff, will result in an increase exceeding what was originally requested by Medic, in 2022, and suggested if it would be feasible to just apply the actual medical CPI on an annual basis, as they occur moving forward from 2022.</p> <p>Board Chair Corsello asked if there were any further comments or discussions, as Board Member Chadwick and Board Member Giboney both put forward different concepts, in relation to the staff recommendation.</p> <p>Board Member Folsom requested Board Member Chadwick explain his proposal again. Board Member Chadwick explained that Medic's original request was a one-time 43% increase, and if the rate increase is spread out or phased in whether in two or three or four steps, there is a significant loss in revenue, even with the 3% increase in the end, it does not make up for the lost revenue in the beginning, if you consider the difference between 43% and 15% the first year, for example. Based on this, and the percentages presented by Medic as Option 1 in their revised request, which adds up to 60% over three years. The staff proposal only totals 55% over four scheduled increases.</p>		
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Therefore, his proposal is to take the staff recommendation, and increase the percentage in 2022 and 2023 to 17 ½% so that it matches the percentages requested by Medic Ambulance.

Board Member Folsom expressed support for this proposal, adding that while he appreciates that hospitals are having financial difficulties, cities are also experiencing some hardships. Fire departments, which are funded by the city form a significant portion of prehospital care. Suisun City has significantly increased their investment on their fire department by several million dollars to transition to ALS services, and noted that Suisun is not yet a part of the Public Private Partnership (PPP) agreement, and needs to be added to the PPP to help ensure continued funding for their ALS services.

Board Chair Corsello, asked if anyone would like to make a motion, as there has yet been an action item proposed by any of the Board Members.

Board Member Chadwick made a motion to adopt the staff proposed model with the modification that in year 2, January 2022, and year 3, January 2023, increases be modified from 15% to 17.5% for each of those two years. Board Member Folsom seconded.

Board Chair Corsello inquired if there are any other comments from the Board or staff regarding this matter. Mr. Selby explained that the proposal by Board Member Chadwick makes the numbers match Medic's proposal.

Board Member Giboney requested clarification on whether the various models proposed includes medical CPI. Mr. Selby confirmed that based on the letter received from Medic Ambulance, their proposed increase includes medical CPI. Board Chair Corsello further inquired if staff had information on what assumption was used for medical CPI in the proposal from Medic. It was explained that it assumed a medical CPI of 4.5% for three years.

Board Member Djavaheerian inquired if there are any differences to service quality between the various models proposed. Dr. Matyas clarified whether the question had to do with the difference in service level of the proposed option by staff, and modified by Board Member Chadwick. Board Member Djavaheerian agreed, adding that since the difference in the Medic and staff proposals is low, he is trying to understand if there will be a difference in service quality of one model versus the other. Board Member Chadwick explained that he believes that the Board's job is to ensure that there is a quality, sustainable EMS system in Solano County, adding that in some counties, ambulance providers were on the verge of leaving as the rates were not enough to sustain services. Solano would be in a difficult position should Medic leave because the rates were not sustainable to continue operating in the County. This is a real risk of not keeping the rates appropriate; and could lead to the EMS system folding where no one is available to respond to 9-1-1 calls.

Board Chair Corsello called for a vote on the motion put forward by Board Member Chadwick:

Roll Call Vote:

John Jansen – AYE

Joshua Chadwick – AYE

Caesar Djavaheerian – AYE

Greg Folsom – AYE

Thea Giboney – AYE

Birgitta Corsello – AYE

David Piccinati – (Absent)

The motion to adopt the staff proposal with the modification to increase the rates to 17.5% in 2022 and 2023 is approved.

<p>6. <u>Board Comments:</u></p> <p>a. Chairperson</p> <p>b. Directors</p>	<p>a. Board Chair Corsello thanked the fire agencies, as well as the hospitals, and the EMS staff for working collaboratively. SEMSC is the only partnership in the State of California that is set up this way, and at times it is a challenge for everyone to come together on certain issues.</p> <p>b. Board Member Jansen commented that the EMS Dashboard posted on the website is user-friendly, shows a lot of information, and is a welcome move in the right direction.</p>		
<p>7. <u>Adjournment</u></p>	<p>Meeting adjourned to the next Regular Meeting on January 14, 2021.</p>	<p>(None)</p>	

DRAFT

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 1/14/2021

6. REPORTS

a. SEMSC Medical Director's Report (verbal update, no action)

No new policies were enacted since the last Board Meeting. A list of updated and discontinued policies and protocols is included as Attachment-A for your reference.

Solano EMS policies and protocols are available on the internet at
<http://www.co.solano.ca.us/depts/ems/>

GERALD HUBER
Director

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DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Division



SOLANO
COUNTY

BRYN MUMMA, MD, MAS
EMS Agency Medical Director

TED SELBY
EMS Agency Administrator

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POLICY MEMORANDUM 3300

Implementation Date: September 24, 2020

Review Date: Sept 24, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

**SUBJECT: PUBLIC SAFETY FIRST AID PERSONNEL AUTHORIZED SKILLS
AND REGISTRATION**

AUTHORITY:

California Health and Safety Code Sections 1797.220 and 1797.221
California Code of Regulations Title 22, Division 9, Chapter 1.5

PURPOSE/POLICY:

To establish a process to register Public Safety First Aid (PSFA) personnel and outline their authorized skills.

I. PSFA AUTHORIZED SKILLS

- A. PSFA Personnel are authorized to perform the following skills after completion of an approved PSFA Training Course:
 - 1. Evaluate the sick and injured.
 - 2. Provide treatment for shock.
 - 3. Use the following techniques to support airway and breathing:
 - a. Manual airway opening methods including head-tilt chin-lift and/or jaw thrust;
 - b. Manual methods to remove an airway obstructions in adults, children, and infants;

**Item 6-a
Attachment A**

Policy 3300 PSFA Authorized Skills
and Certification

Implementation Date: September 24, 2020
Review Date: September 24, 2022

- c. Use the recovery position.
- 4. Provide the following emergency care:
 - a. Spinal motion restriction;
 - b. Splinting of extremities;
 - c. Emergency eye irrigation using water or normal saline;
 - d. Assist with the administration of oral glucose;
 - e. Assist patients with the administration of physician-prescribed epinephrine devices and naloxone;
 - f. Assist in emergency childbirth;
 - g. Hemorrhage control using direct pressure, pressure bandages, principles of pressure points, tourniquets, and hemostatic dressings;
 - h. Chest seals and dressings;
 - i. Simple decontamination techniques and use of decontamination equipment;
 - j. Care for amputated body parts;
 - k. Provide basic wound care.
- 5. Provide Cardiopulmonary Resuscitation (CPR) and use an Automatic External Defibrillator (AED) on adults, children, and infants.

II. PSFA PERSONNEL REGISTRATION

- A. All PSFA personnel that are employed by a provider that requires PSFA Course completion must register with Solano County EMS Agency.
 - B. To register as a PSFA provider the following shall be submitted to the EMS Agency:
 - 1. Valid copy of initial or refresher PSFA Course completion document;
 - 2. Copy of valid BLS CPR certification;
 - 3. Copy of valid government issued identification or driver's license;
 - 4. Payment of appropriate fee as set forth in Policy 3000, EMS Fees.
 - C. PSFA registration will run concurrent with the dates printed on the PSFA Course completion document.
 - 1. PSFA registration renewal will follow the procedure outlined above In Section II(B).
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Director

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DEPARTMENT OF HEALTH & SOCIAL SERVICES
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POLICY MEMORANDUM 4300

Implementation Date: November 3, 2020
Review Date: November 3, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: PUBLIC SAFETY FIRST AID TRAINING PROGRAM APPROVAL

AUTHORITY:

California Health and Safety Code Sections 1797.220 and 1797.221
California Code of Regulations Title 22, Division 9, Chapter 1.5

PURPOSE/POLICY:

To establish a process to approve Public Safety First Aid (PSFA) Training Programs and outline the content of the course.

I. DEFINITIONS

- A. Automated External Defibrillator (AED) – An external defibrillator capable of cardiac rhythm analysis which will charge and deliver a shock either automatically or by user interaction after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.
- B. Public Safety AED Service Provider – An agency or organization which is responsible for, and is approved to operate, an AED.
- C. Cardiopulmonary Resuscitation (CPR) – The practice of establishing and maintain an open airway, ensuring adequate respiration, and ensuring adequate circulation either spontaneously or by means of closed chest cardiac compression, according to standards promulgated by the current American Heart Association (AHA) Guidelines for CPR and Emergency Cardiovascular Care (ECC).

**Item 6-a
Attachment A**

Policy 4300 PSFA Training Program Approval

Implementation Date: November 3, 2020
Review Date: November 3, 2022

- D. Firefighter – Any regularly employed and paid officer, employee, or member of a fire department or fire protection or firefighting agency of the State of California, or any city, county, city and county, district, or other public or municipal corporation or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.
- E. Public Safety First Aid (PSFA) – Recognition and provision of immediate care for injury or sudden illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.
- F. Lifeguard – Any regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California.
- G. Peace Officer – Any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal or deputy marshal or police officer of a district authorized by statute to maintain a police department or other peace officer required by law to complete the training specified in this policy.

II. PUBLIC SAFETY PERSONNEL REQUIRING PSFA TRAINING

- A. The following Public Safety personnel shall receive PSFA training within the first year of employment and prior to the start of regular duty:
 - 1. Lifeguard;
 - 2. Firefighter;
 - 3. Peace Officer.
 - a. PSFA training received through Peace Officer Standards and Training (POST) will fulfill this requirement.

III. PSFA COURSE CONTENT

- A. The initial PSFA Course shall be at least 21 hours in length and consist of the following topics:
 - 1. Role of the PSFA provider
 - a. Personal safety and scene size-up;
 - b. Body substance isolation, including removing contaminated gloves;
 - c. Legal considerations;
 - d. Emergency Medical Services (EMS) access;
 - e. Integration with EMS personnel to include active shooter incidents;

**Item 6-a
Attachment A**

Policy 4300 PSFA Training Program Approval

Implementation Date: November 3, 2020
Review Date: November 3, 2022

- f. Minimum equipment and first aid kits.
2. Heart attack and sudden cardiac arrest
 - a. Respiratory and circulatory systems;
 - b. Heart attack;
 - c. Sudden cardiac arrest and early defibrillation;
 - d. Chain of survival.
3. CPR and AED for adults, children, and infants, following current AHA Guidelines for CPR and ECC at the Healthcare provider level
 - a. Basic airway management;
 - b. Rescue breathing including mouth-to-mouth, mouth-to-mask, and bag-valve-mask (BVM);
 - c. Chest compressions, CPR, and AED operations/troubleshooting;
 - d. Single rescuer CPR/AED on adults, children, and infants;
 - e. Two rescuer CPR/AED on adults, children, and infants;
 - f. Recovery position.
4. Management of foreign body airway obstruction on conscious and unconscious adults, children, and infants.
5. Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies
 - a. Performing a primary and secondary assessment and obtaining medical history.
6. Medical emergencies
 - a. Pain, pressure, or discomfort in the chest;
 - b. Shortness of breath including asthma and COPD;
 - c. Allergic reactions and anaphylaxis;
 - d. Altered mental status;
 - e. Stroke;
 - f. Diabetic emergencies including oral glucose administration;
 - g. Seizures;
 - h. Alcohol and drug emergencies;
 - i. Assisting with administration of naloxone and accessing EMS.
 - i. Abdominal pain;
 - j. Obstetrical emergencies.
7. Thermal, chemical, and electrical burns.

**Item 6-a
Attachment A**

Policy 4300 PSFA Training Program Approval

Implementation Date: November 3, 2020
Review Date: November 3, 2022

8. Facial injuries including objects and chemicals in the eye, nosebleed, and dental emergencies.
9. Environmental emergencies including heat and cold emergencies and drowning
10. Bites and stings from animals, insects, and humans
 - a. Assisting with epinephrine auto-injector and accessing EMS.
11. Poisoning
 - a. Ingested poisoning;
 - b. Inhaled poisoning;
 - c. Exposure to chemical, biological, radiological, or nuclear substances;
 - d. Accessing the poison control system.
12. Signs and symptoms of psychological emergencies
13. Patient movement
14. Tactical and rescue first aid principles applied to violent Circumstances
15. Orientation to the EMS system including 9-1-1 access, identification of local EMS and trauma systems, and interaction with EMS personnel
16. Trauma emergencies
 - a. Soft tissue injuries;
 - b. Amputations and impaled objects;
 - c. Chest and abdominal injuries;
 - d. Head, neck, or back injuries;
 - e. Spinal motion restriction;
 - f. Musculoskeletal trauma and splinting;
 - g. Recognition of signs and symptoms of shock;
 - h. Internal bleeding;
 - i. Bleeding control including direct pressure, tourniquet, hemostatic dressings, chest seals, and dressings

**Item 6-a
Attachment A**

Policy 4300 PSFA Training Program Approval

Implementation Date: November 3, 2020
Review Date: November 3, 2022

- i. Training in the use of hemostatic dressings shall result in competency in the application of hemostatic dressings. Included in the training shall be the following topics and skills:
 - Review of basic methods of bleeding control to include, but not be limited to, direct pressure, pressure bandages, tourniquets, and hemostatic dressings and wound packing.
 - Types of hemostatic dressings.

IV. PSFA COURSE APPROVAL

- A. To be approved as a Solano County authorized PSFA Training Program, the following will be submitted:
 1. Name of sponsoring institution, private entity, or EMS provider
 2. Appointment of a Program Director/Lead Instructor with supporting documentation of qualifications for instruction of PSFA
 - a. The Program Director/Lead Instructor will be a certified Emergency Medical Technician (EMT) or higher level.
 3. List of any/all Assistant Instructors with supporting documentation of qualifications for instruction of PSFA
 - a. Assistant Instructors will be a certified EMT or higher level or have significant training and experience in PSFA skills.
 4. Course outline with the topics outlined in Section III
 5. Sample of the written and skills examinations for the topics in Section III
 - a. The minimum passing score for the course will be 80%.
 6. Course outline for an eight-hour refresher course on the topics in Section III including sample written and skills exams
 7. Appropriate fee as set forth in Solano County EMS Policy 3000, EMS Fees.
 - a. This fee may be waived for government-based entities.
- B. Course approval is valid for two years from the date of approval. Course renewal will follow the same steps as initial approval in Section IV(A).
- C. Solano County EMS shall notify the training institution in writing within 21 Working days if the PSFA Program has been approved or provide a list of deficiencies to be addressed in order to complete the approval process.
 1. Solano County EMS can revoke a PSFA Program's authorization if the program is found to be in violation of any provisions of this policy.

**Item 6-a
Attachment A**

Policy 4300 PSFA Training Program Approval

Implementation Date: November 3, 2020
Review Date: November 3, 2022

V. PSFA COURSE COMPLETION

- A. Each trainee who successfully completes an approved PSFA course and successfully passes the written and skills exams shall be given a certificate or written verification by the institution, organization, or agency which provided the instruction.
- B. Each certificate or written verification of course completion shall include the following information:
 - 1. Indicate initial or refresher training and number of training hours completed;
 - 2. Date of issue;
 - 3. Date of expiration;
 - a. Date of expiration will be two years from course completion.
- C. Each PSFA program provider shall maintain for at least four years a record of the names of trainees and the date(s) on which training courses have been completed.
 - 1. Training records shall be made available for inspection by Solano County EMS upon request.

GERALD HUBER
Director

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DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Division



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POLICY MEMORANDUM 5100

Implementation Date: January 15, 2021

Review Date: January 15, 2023

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: AUTHORITY FOR EMERGENCY SCENE MANAGEMENT

AUTHORITY:

California Health and Safety Code Sections 1797.90, 1797.94, 1797.220, 1798.6

PURPOSE/POLICY:

To define the authority for emergency scene management.

I. AUTHORITY FOR PATIENT HEALTHCARE MANAGEMENT

Authority for patient healthcare management in an emergency will be vested in licensed or certified healthcare professionals, such as Paramedics or Emergency Medical Technicians (EMT), who are the most qualified to provide emergency medical care. If no licensed or certified healthcare professional is available, the authority will be vested in the most medically qualified public safety agency who may have responded to the scene.

II. MANAGEMENT OF THE SCENE

Notwithstanding the above, authority for emergency scene management will be vested in the appropriate public safety agency having primary investigative authority. Priority will be placed on minimizing the risk of death or health impairment to persons experiencing an emergency condition. Persons exposed to more serious and immediate risks to life will be attended to first. Public safety officials shall consult with Emergency Medical Service (EMS) personnel or other authoritative healthcare professionals on scene to determine relevant risks.

**Item 6-a
Attachment A**

Policy 5100 Authority for Emergency
Scene Management

Implementation Date: January 15, 2021
Review Date: January 15, 2023

III. AUTHORITY AT CRIME SCENES

- A. EMS personnel will not enter a crime scene until the appropriate public safety personnel have arrived and secured the scene to make entry reasonably safe.
 - 1. If EMS personnel discover a crime scene, or arrive at a crime scene without law enforcement, they will endeavor to take the necessary steps to maintain safety for themselves and the patient and make an immediate request for law enforcement response.
- B. When possible, EMS personnel will follow the directions of the law enforcement agency responsible for evidence preservation, if doing so does not compromise patient safety.
- C. EMS personnel will make every effort to cooperate with law enforcement. In the event of an unresolved disagreement with law enforcement, EMS personnel should document the event, notify the EMS provider's supervisor, and file a Field Advisory Report (FAR) with the Solano County EMS Agency.

IV. MEDICAL MANAGEMENT AT THE SCENE

- A. Medical management at the scene of an emergency includes, but is not limited to, the following:
 - 1. Medical evaluation;
 - 2. Medical aspects of extrication and all movement of the patient(s);
 - 3. Medical care within Solano County EMS policies and protocols;
 - 4. Patient destination;
 - 5. Transport code or mode of transport;
 - 6. Medical consultation with a Base Hospital.

V. ORDER OF RESPONSIBILITY

- A. Responsibility for medical scene management is based on the following order as personnel arrive on scene:
 - 1. Law enforcement personnel;
 - 2. Public Safety First Aid (PSFA) personnel;
 - 3. First responder EMT;
 - 4. Transport unit EMT;
 - 5. Non-transport Paramedic or Transport Paramedic that arrives on scene first.

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Policy 5100 Authority for Emergency
Scene Management

Implementation Date: January 15, 2021
Review Date: January 15, 2023

- a. If a conflict of opinion arises between a non-transport paramedic and a transport paramedic on a patient care issue, Base Hospital contact will be made for resolution. After the call, notify the respective on duty supervisor(s) of the situation.
 - b. If a conflict arises between a non-transport paramedic and a transport paramedic on a non-patient care issue, patient care is priority. Transport of the patient shall be conducted with the resources on scene. The parties involved should attempt to resolve the issue after the call is complete with the involvement of on duty supervisor(s).
 - i. If a conflict cannot be resolved pertaining to patient care or non-patient care, a FAR should be completed by the supervisor and be filed with Solano County EMS Agency.
 - ii. A FAR may be submitted if either involved party or the supervisor(s) deems the matter worthy of follow up.
-

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DEPARTMENT OF HEALTH & SOCIAL SERVICES
Medical Services Division



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POLICY MEMORANDUM 6105

Implementation Date: December 15, 2011

Revised Date: January 4, 2021

Review Date: January 4, 2023

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: SOLANO COUNTY PREHOSPITAL TRAUMA TRIAGE PLAN

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.220,
1798.100, 1798.162, and 1798.163

PURPOSE:

To maintain a system that allows trauma patients to benefit from receiving Trauma Center services most appropriate to that patient's injuries in the most expeditious manner possible. Level I, II, or III Trauma Centers should be utilized when appropriate.

I. GENERAL CONCEPTS:

- A. Trauma Centers improve the outcomes for patients with significant traumatic injuries.
- B. Level I/II Trauma Centers are able to provide emergent neurosurgical intervention and have in-house trauma surgeons and operating room teams immediately available; therefore major trauma patients with injuries (definite or suspected) requiring immediate access to a neurosurgeon should be transported to the closest Designated Level I/II Trauma Center.

**Item 6-a
Attachment A**

Policy 6105
Solano County Prehospital Trauma Triage Plan

Implementation Date: December 12, 2011
Revised Date: DRAFT
Review Date: DRAFT

II. PATIENTS LIKELY TO BENEFIT FROM TRAUMA CENTER SERVICES:

- A. Trauma patients to be transported to closest Level I or II Trauma Center:**
 - 1. Glasgow Coma Scale (GCS) ≤ 8 ; or
 - 2. Penetrating trauma to head; or
 - 3. Suspected open or depressed skull fracture; or
 - 4. Paralysis.

- B. Physiological Criteria to be transported to closest Designated Trauma Center:**
 - 1. Systolic blood pressure less than 100mm/Hg; or
 - 2. Inappropriate pediatric vital signs; or
 - 3. Not following commands – GCS 9 – 13; or
 - 4. Pregnant patients ≥ 24 weeks with torso trauma.

- C. Anatomical Criteria to be transported to the closest Designated Trauma Center:**
 - 1. Penetrating injury to neck, torso, buttock, groin, or extremities proximal to knee or elbow; or
 - 2. Two or more proximal long bone fractures; or
 - 3. Amputation/crush/degloving proximal to wrist or ankle; or
 - 4. Pelvic instability; or
 - 5. Pulseless extremity; or
 - 6. Trauma with burns with TBSA $>9\%$.

- D. Mechanical Criteria to be transported to the closest Designated Trauma Center:**
 - 1. Falls greater than 20 feet for adults, or two times the height of a child; or
 - 2. Ejection from a vehicle, partial or complete, with injury; or
 - 3. Motor vehicle crash (MVC) with death in the same vehicle; or
 - 4. Thrown from an animal with injury; or
 - 5. Vehicle vs pedestrian/bicyclist thrown with impact at >10 mph or torso run over; or
 - 6. Motorcycle >20 mph with impact to an object (excluding road).

**Item 6-a
Attachment A**

Policy 6105
Solano County Prehospital Trauma Triage Plan

Implementation Date: December 12, 2011
Revised Date: January 4, 2021
Review Date: January 4, 2023

IV. PARAMEDIC IMPRESSION

If the primary Paramedic believes that a patient not meeting criteria as a trauma patient has injuries that may exceed the capabilities of the usual receiving hospital, then the case should be discussed with SEMSC Designated Level II Trauma Base Hospital. The trauma base physician, Mobile Intensive Care Nurse (MICN), or designee, in consultation with the primary scene paramedic, may designate that patient as a trauma patient, and that patient will be transported to the nearest appropriate Trauma Center.

V. CRITERIA FOR TRUAMA PATIENT TRANSPORT TO THE CLOSEST RECEIVING FACILITY

The following trauma patients will be transported to the closest receiving facility:

- A. Trauma patients in cardiac arrest (consider field pronouncement);
- B. Trauma patients with an uncontrolled airway;
- C. Trauma patients with uncontrolled bleeding;
- D. Major trauma patients with rapid deterioration/impending arrest should be taken to the closest receiving facility if conditions (traffic, distance, weather) are unfavorable for rapid transport to a Solano County Designated Trauma Center.

VI. MAJOR TRAUMA PROCEDURES

- A. The primary Paramedic will determine whether the patient meets criteria as a trauma patient, and what level and type of trauma center care is appropriate for that patient (see Trauma Triage Algorithm attachment).
- B. The Primary Paramedic will determine the mode of transportation to the appropriate Trauma Center, in accordance with policy.
 - 1. If transportation is by ground, the transporting unit's dispatching agency will confirm that the closest destination Trauma Center is open.
 - 2. If transportation is by air ambulance, the air ambulance provider's dispatch will determine the closest appropriate destination Trauma Center, and confirm that it is open to receiving trauma patients.
- C. The transporting unit will contact the designated Trauma Center and advise them of their impending arrival, and provide a report on the patient's injuries and condition. Non-designated Out-of-county destination facilities are not authorized to give online medical instructions/orders.

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**Item 6-a
Attachment A**

Policy 6105
Solano County Prehospital Trauma Triage Plan

Implementation Date: December 12, 2011
Revised Date: January 4, 2021
Review Date: January 4, 2023

- E. Transport to a trauma center should be considered in the following situations:
 - 1. Fall in patient ≥ 65 years old;
 - 2. Anticoagulant use.

III. TRAUMA MEDICAL DIRECTION

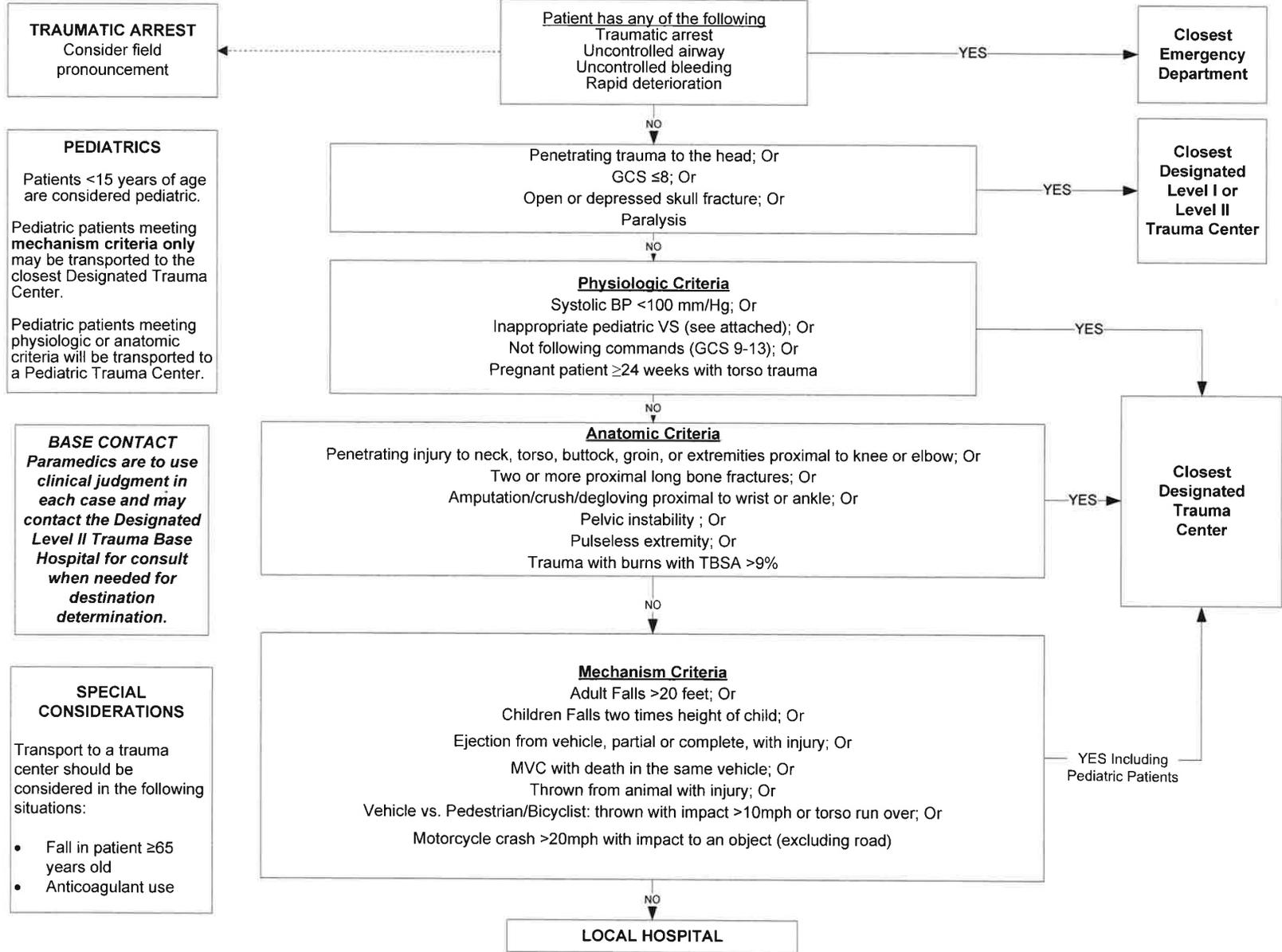
- A. Major trauma patients in the pediatric age range (less than 15 years of age) should bypass local Trauma Centers and be transported to a Pediatric Trauma Center unless they meet the criteria of Section II(B), (D) or V of this policy.
- B. Paramedics have been trained to apply protocols and use judgment to identify Level I/II trauma patients. The approved trauma triage algorithm will be used to determine the appropriate trauma center destination.
- C. When assessing, treating, or transporting a Level I/II trauma patient, Paramedics shall contact the Solano Emergency Medical Services Cooperative (SEMSC) designated Level II Trauma Base Hospital for medical direction if either SEMSC's protocols require securing medical direction or if Paramedics otherwise determine medical direction is necessary.
 - 1. The SEMSC designated Level II Trauma Center is Kaiser Foundation Hospital, Vacaville.
 - 2. For trauma patients originating in the Vallejo/Benicia area, factoring in time of day, traffic, weather, etc., trauma patients may be transported directly to John Muir Medical Center (JMMC), Walnut Creek. If a Paramedic is requiring medical direction and is transporting to JMMC, the Paramedic shall contact the SEMSC designated Level II Trauma Base Hospital.
- D. When assessing, treating, or transporting a Level III trauma patient, Paramedics may contact any SEMSC designated Trauma Center for medical direction. Paramedics may transport Level III patients to the closest Trauma Center.
- E. The use of air ambulances is considered separately from the trauma triage decision. Air ambulances may benefit patients injured in locations distant from Trauma Centers, and/or those in need of immediate procedures available to flight nurses, but outside the scope of practice of Paramedics. The use of air ambulances is not the default method of transport for major trauma patients. Aircraft should only be used when they offer a measurable advantage compared to ground transport. Use of air ambulances is covered in Policy 5800.
- F. Pregnant patients, greater than 24 weeks gestation, that do not meet Trauma Triage Criteria will be transported to a facility with OB capabilities.
- G. This policy does not apply to Multi-Casualty Incidents (MCIs).

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Policy 6105; Attachment 1

Revised 1-4-2021

SOLANO COUNTY PREHOSPITAL TRAUMA TRIAGE ALGORITHM



SOLANO COUNTY PREHOSPITAL TRAUMA TRIAGE ALGORITHM

Patients with an uncontrolled airway, uncontrolled bleeding, and traumatic arrest, should be taken rapidly to the closest Solano County receiving hospital. Similarly, trauma patients who are rapidly deteriorating on the brink of arrest may need to be taken to the closest facility if conditions (traffic, distance, available air ambulance) are unfavorable for rapid transport to a trauma center. For patients in traumatic arrest, consider field pronouncement.

Patients with injuries or deficits that may indicate need for immediate neurosurgical intervention shall be taken to the nearest Solano County Designated Level I or Level II Trauma Center.

If the primary paramedic feels that a patient not meeting criteria as a major trauma patient has injuries which may exceed the capabilities of the patient choice or closest hospital, and would likely benefit from direct transport to a Trauma Center, then the case should be discussed with a **SEMSC Designated Level II Trauma Base Hospital Physician**. Using Mechanism of Injury criteria for trauma center destination decisions alone is not always predictive of injury; if during the paramedic's assessment they determine the patient may not have any injuries, trauma base physician consultation may be made to alter the destination. **NOTE: SEMSC Designated Level II Trauma Base Hospital Physicians do not need to be contacted for every trauma destination but are always available to assist.**

The SEMSC Designated Level II Trauma Base Hospital is Kaiser Foundation Hospital, Vacaville; contact telephone number: (707) 452-9892

Pediatric Vitals: threshold for transfer to trauma center:

<u>AGE</u>	<u>HR</u>	<u>RR</u>	<u>BP</u>
0 – 6 months	greater than 150	greater than 50	
7 – 11 months	greater than 140	greater than 40	
1 – 2 years	greater than 130	greater than 40	less than 75/50
2 – 6 years	greater than 120	greater than 30	less than 80/55
6 – 12 years	greater than 110	greater than 20	less than 90/60
12 – 15 years	greater than 100	greater than 16	less than 90/60

A major trauma patient less than 15 years of age should be taken to the nearest pediatric trauma center.

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DEPARTMENT OF HEALTH & SOCIAL SERVICES
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POLICY MEMORANDUM 6613

Implementation Date: NOVEMBER 1, 2020
Review Date: NOVEMBER 1, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: SOLANO COUNTY STROKE SYSTEM

AUTHORITY:

California Health and Safety Code Sections 1797.204 and 1797.220
California Code of Regulations, Title 22, Section 100270.220

PURPOSE:

This policy shall provide the basic outline of the Stroke System in Solano County including, but not limited to, stroke system definitions, system designation and participation, stroke data collection and management, coordination of stroke care with neighboring jurisdictions, and quality improvement. To be considered eligible for designation as a stroke center, hospitals must participate in the Solano County Stroke System by meeting the guidelines outlined in this policy.

I. STROKE RECEIVING CENTER DESIGNATION LEVELS

- A. Acute Stroke Ready Hospital (ASR): A hospital able to provide the minimum level of critical care services for stroke patients in the emergency department and is paired with one or more hospitals with a higher level of stroke services.
- B. Primary Stroke Center (PSC): A hospital that treats acute stroke patients and identifies patient who may benefit from transfer to a higher level of care when clinically warranted.

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Attachment A**

Policy 6613
Solano County Stroke System

Implementation Date: November 1, 2020
Review Date: November 1, 2022

- C. Thrombectomy-Capable Stroke Center (TSC): A primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.
- D. Comprehensive Stroke Center (CSC): A hospital with specific abilities to receive, diagnose and treat all stroke cases and provide the highest level of care for stroke patients.

II. DESIGNATION BY SOLANO EMS AS A STROKE CENTER

A. Designation Process: Initial designation as a Stroke Center in the Solano EMS System requires an application, satisfactory site survey and verification of the following:

- 1. Compliance with all standards and requirements listed in this policy.
- 2. Compliance with all requirements listed in Title 22, Division 9, Chapter 7.2 – Stroke Critical Care System, for the requested level of designation.
- 3. Current certification as an ASR, PSC, TSC, or CSC from one of the three approved accreditation organizations - The Joint Commission, Det Norske Veritas, or Healthcare Facilities Accreditation Program.
- 4. Enrollment and participation in the stroke data management system and agreement to provide additional data as required by Solano EMS.

B. Re-Designation Process

- 1. The Stroke Center may be re-designated after satisfactory review of written documentation and a site survey by Solano EMS Agency staff.
- 2. Re-designation shall occur annually with a tri-annual site survey, conducted by Solano EMS Agency staff.
- 3. Failure to comply with the criteria outlines in this policy at any time will result in disciplinary action up to and including suspension of designation as a Stroke Center.

III. STROKE SYSTEM PARTICIPATION

- A. Stroke Centers shall have established protocols for stroke services including triage, diagnosis, and stroke team activation following field notification of an inbound potential acute stroke patient.
- B. Stroke Centers shall establish adequate procedures for self-monitoring and quality control and assurance in compliance with standards in this policy on a continuous basis. Documentation of such efforts shall be made available to Solano EMS upon request.
- C. Stroke Centers shall have a single call activation system to activate the clinical stroke team directly.
- D. Stroke Centers shall have a process in place for the treatment and triage of simultaneously arriving stroke patients.

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- E. Stroke Centers shall participate in the Solano EMS stroke data management system.
- F. Stroke Centers shall have a dedicated audio recorded phone line or radio system capable of being answered 24/7 used by paramedics to notify facility of incoming stroke patients.
- G. Stroke Center representatives shall actively participate as members of the Advisory Committee.
- H. Stroke Centers shall maintain CMS-approved accreditation equivalent with their level of designation.
- I. Stroke Centers will demonstrate compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality and a disclosure protected review of selected stroke cases.
- J. Stroke Centers will report changes of key Stroke Center personnel to Solano EMS within ten business days. These personnel include the Stroke Program Medical Director and the Stroke Program Manager.

IV. GENERAL GUIDANCE FOR FIELD OPERATIONS

- A. Solano County Paramedics will follow the Solano County Stroke Triage Policy and Algorithm (attached) when determining a stroke patient's destination. Mode of transportation will be based on, but not limited to, the following factors: time of day, day of week, traffic, scene location, distance to Stroke Center, and resource availability. The patient will then be transported to the closest appropriate facility.

V. STROKE CENTER STANDARDS: STAFFING REQUIREMENTS

- A. Stroke Program Medical Director: A board-certified neurologist, neurosurgeon, interventional neuro-radiologist, or other board-certified physician with sufficient experience and expertise dealing with cerebrovascular disease as determined by the hospital credentialing committee will serve as the Stroke Program Medical Director. Responsibilities of the Medical Director include:
 - 1. Development of hospital policies.
 - 2. Development and maintenance of the hospital Stroke Program performance and quality improvement plan.
 - 3. Development and maintenance of a Stroke Continuing Education Program with the California Board of Registered Nursing and the Medical Board of California approved continuing education hours for physicians and nursing staff.
 - 4. Attendance and participation in the Advisory Committee and Physician's Advisory Forum and other county-wide system meetings.
- B. Stroke Program Manager: A registered nurse or another qualified individual will serve as the Stroke Program Manager, a requirement for PSC, TSC, and CSC designated facilities. Responsibilities of the Program Manager include:

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Solano County Stroke System

Implementation Date: November 1, 2020
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1. Development of stroke education programs for hospital staff and EMS personnel.
 2. Integration and documentation of inpatient acute rehabilitation services offered to stroke patients.
 3. Collection and reporting of required data to Solano EMS.
 4. Attendance and participation in Advisory Committee and other county-wide system meetings.
 5. Development of a stroke public education and community outreach program.
- C. Clinical Stroke Team: The team of healthcare professionals who provide care for the stroke patient may include, but is not limited to, neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine physicians, registered nurses, physician assistants, nurse practitioners, pharmacists and technologists. Responsibilities of the clinical stroke team include:
1. For ASR designated facilities, response within 20 minutes of a potential acute stroke patient's arrival to the emergency department or diagnosis in the hospital.
 2. For PSC, TSC and CSC designated facilities, response within 15 minutes of a potential acute stroke patient's arrival to the emergency department or diagnosis in the hospital is required.
- D. Neurosurgical Team: For facilities pursuing CSC designation, a neurosurgical team capable of assessing and treating complex stroke and stroke-like syndromes must be available 24/7. The team must include a qualified neuro-radiologist in addition to other qualified personnel. A written call schedule must be developed for attending neurointerventionalist, neurologist, and neurosurgeon providing 24/7 availability and be provided to Solano EMS upon request.

VI. STROKE CENTER STANDARDS: SERVICE REQUIREMENTS

- A. Time Frames
1. ASR Designated Facilities
 - a. A CT or MRI scan must be initiated and reviewed within 45 minutes of patient arrival in the emergency department; this intervention may be completed by a radiologist, neurologist, or neurosurgeon.
 - b. Lab services must be performed and results reviewed by a physician within 60 minutes of patient arrival in the emergency department.

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- c. Neurosurgical services must be provided directly or under a transfer agreement with a TSC or CSC within three hours of the patient's arrival to the emergency department.
 - 2. PSC, TSC, CSC Designated Facilities
 - a. A CT scan must be initiated within 25 minutes and reviewed within 45 minutes of patient arrival in the emergency department; this intervention may be completed by a radiologist, neurologist, or neurosurgeon.
 - b. Lab services must be performed and results reviewed by a physician within 45 minutes of patient arrival in the emergency department.
 - c. PSC designated facilities: Neurosurgical services must be provided directly or under a transfer agreement with a TSC or CSC within two hours of the patient's arrival to the emergency department.
- B. Facility Capacity
 - 1. Stroke Centers must maintain the uninterrupted ability to perform advanced imaging, laboratory services, and treatment interventions that are consistent with the requirements for their level of designation. Imaging, laboratory, and treatment modalities shall be on site and available at all times.
 - 2. Stroke Centers must have the capability of accepting multiple stroke patients simultaneously and provide the required patient placement consistent with their level of designation.
- C. Rehabilitation Services
 - 1. Stroke Centers pursuing PSC or TSC designation must provide acute care rehabilitation services.
 - 2. Stroke Centers pursuing CSC designation must provide comprehensive rehabilitation services on-site or have written transfer agreements in place with neighboring facilities that can provide these services

VII. STROKE CENTER STANDARDS: STROKE SYSTEM PARTICIPATION

- A. Educational Requirements
 - 1. Stroke Centers will provide stroke related continuing education to EMS personnel, the clinical stroke team, and related hospital staff. A minimum of two educational events are required per year. These activities will be reported to Solano EMS on an annual basis.
 - 2. Stroke Centers will provide stroke education to the public and report these activities to Solano EMS on an annual basis.

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Solano County Stroke System

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B. Transfer Agreements

1. Stroke Centers, designated at or below the TSC level, must have written transfer agreements with higher level centers for neurosurgical emergencies when clinically warranted.
2. Stroke Centers pursuing CSC designation must have written transfer agreements with all PSC's in the region to receive transfers. Additionally, CSC's will provide guidance and continuing stroke specific education to PSC's they have transfer agreements with.

C. Data Collection and Submission

1. Stroke Centers shall participate in the stroke data management system and submit stroke data reports and analysis to Solano EMS via the Agency approved data collection method and in accordance with the agreed upon schedule.
2. Stroke Centers shall provide additional data as required by Solano EMS and will notify the Agency of any unusual occurrences or other significant matters.
3. Stroke Centers located in neighboring jurisdictions which are not designated by Solano County are responsible for conducting quality improvement activities in accordance with the requirements of their designation contracts. Representatives from these Stroke Centers located in neighboring jurisdictions are invited to:
 - a. Submit stroke reports and analysis regarding patients received from Solano County to the Solano EMS Agency as appropriate.
 - b. Notify Solano EMS of unusual occurrences or other significant matters.
 - c. Participate in the Solano EMS Advisory Committee upon request.

D. Quality Assurance and Improvement

1. Stroke System quality improvement and evaluation will be conducted by an improvement team comprised of local BLS and ALS providers, local receiving hospitals, and receiving Stroke Centers. Feedback will be directed to the appropriate individual, agency, or committee.
2. Evaluation parameters will include, at a minimum, measurements of stroke on scene time and transport times, determination of over triage and under triage rates, determination of preventable deaths, complications, average patient ages, lengths of stay, Intensive Care Unit days, and discharge status.

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Attachment A**

Policy 6613
Solano County Stroke System

Implementation Date: November 1, 2020
Review Date: November 1, 2022

VIII. STROKE CENTER STANDARDS: COMMITTEE OVERSIGHT

A. Purpose and Participation

1. An advisory committee will be convened on a recurrent basis to evaluate the stroke system in Solano County, share best practices and recommend improvements, and work collaboratively with members of the local EMS system to achieve improved patient outcomes. The committee will evaluate the cumulative stroke data the Agency collects and specific cases which have some benefit to the various providers in our system. The committee will meet on a recurrent basis; refer to policy 1755.

B. Composition: Advisory Committee membership is comprised of the following:

1. Solano EMS Agency staff including, but not limited to, the EMS Medical Director, EMS Administrator, and other EMS staff as directed. The committee is chaired by the Solano EMS Agency Medical Director and/or the EMS Administrator.
2. Designated Stroke Centers' Stroke Medical Directors and Stroke Program Managers.
3. ALS Providers' and Air Ambulance Providers' Operations Manager and CQI Coordinators.
4. Additional participants may be invited on occasions that warrant their input.

C. Committee Responsibilities

1. Review of quarterly data for accuracy, completeness, and timely submission.
2. Provision of feedback to EMS personnel.
3. Review and comment on any policy changes.
4. Communication with Solano EMS on all issues, concerns, and ideas regarding the Prehospital Stroke System.

D. Case Selection

1. Cases will be selected by the EMS Specialty Care Supervisor and/or EMS Coordinator in consultation with the EMS Medical Director for review at the Advisory Committee meeting. In general, the following types of cases will be selected: stroke death cases, patients transported to local hospital or ASR and subsequently transferred to a higher-level Stroke Center.

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Implementation Date: November 1, 2020
Review Date: November 1, 2022

E. Confidentiality

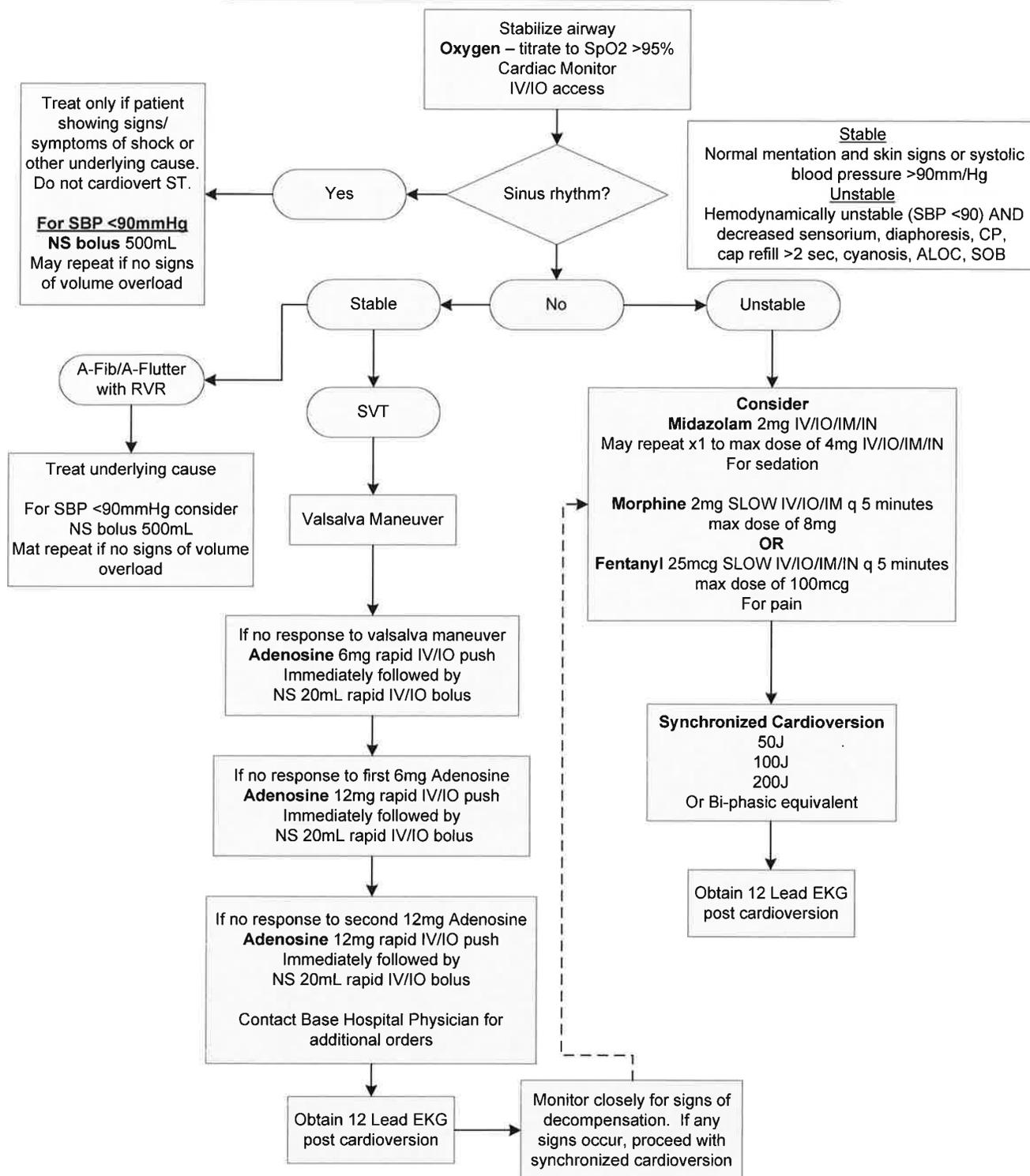
1. All proceedings, documents, and discussions of the Advisory Committee, and its subcommittees are confidential and protected under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty healthcare services, including but not limited to, stroke care service provided by a hospital and designated by a local health jurisdiction.
 2. All members and guests sign a confidentiality agreement stating that they will not divulge or discuss publicly information obtained through Advisory Committee membership. The Committee Chair is responsible for obtaining a signed confidentiality agreement from the guest prior to participation.
-

**Item 6-a
Attachment A**

Effective: January 4, 2021

Review: January 4, 2023

**Cardiac Emergencies
C-8 Narrow Complex Tachycardia**



DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation where a base hospital physician CANNOT be contacted for orders, Solano County Paramedics MAY NOT utilize the portions of this protocol requiring base physician orders AND must transport to the closest receiving facility

**Item 6-a
Attachment A**

Effective: January 4, 2021

Review: January 4, 2023

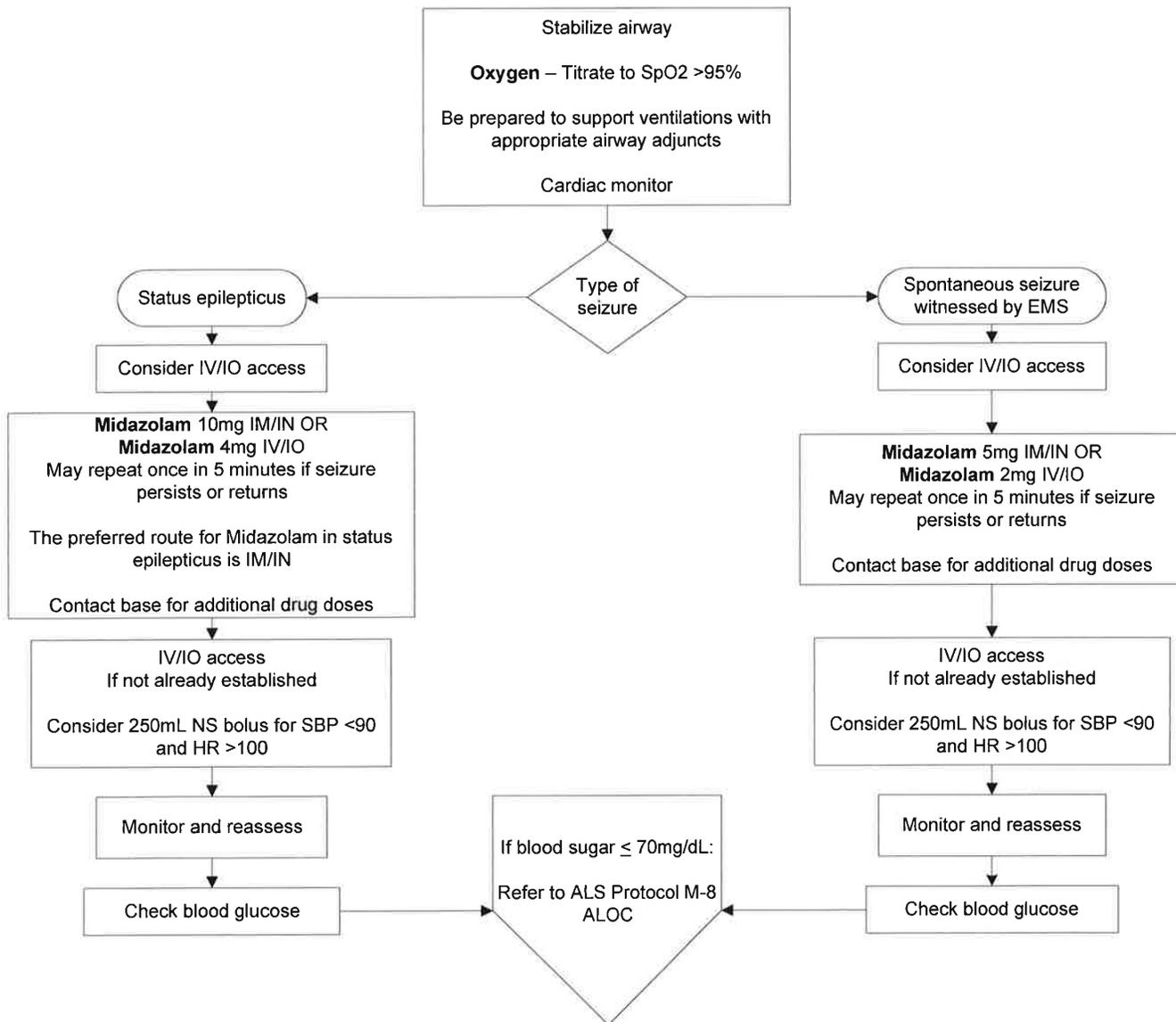
**Neurologic Emergencies
N-2 Seizures**

Priorities

Airway/Breathing/Circulation
Maintain airway and support breathing
Prevent bodily injury
Determine degree of physiologic distress and possible cause of seizure
Assess and document course of seizure
Early transport
Early contact of receiving hospital

Definitions

Status Epilepticus – Single seizure lasting >5 minutes or two or more seizures without a return to baseline between seizures



DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation where a base hospital physician CANNOT be contacted for orders, Solano County Paramedics MAY NOT utilize the portions of this protocol requiring base physician orders AND must transport to the closest receiving facility.

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 1/14/2021

6. REPORTS

b. EMS Administrator's Report

b.1. General Update

- SARS-CoV-2 (COVID-19) Update

The Agency has been busy working with healthcare partners on planning for vaccination of high-risk staff and/or residents. Solano County has now received both Pfizer and Moderna vaccines and is in the midst of a campaign to protect as many authorized individuals as possible. A total of 6,901 vaccinations have been given as of January 6, 2021.

Medic Ambulance has partnered with the Agency to support the endeavor at both Memory Care and Residential Care Facilities for the Elderly (RCFE). It was fortunate that the Agency sought and received State approval for the optional scope of practice allowing EMTs to administer this vaccine. It is also fortunate that Medic Ambulance willingness to work their staff in these unusual roles.

- Medical Health Operational Area Coordinator (MHOAC) Program Update

Numerous requests for resources from healthcare facilities, both Personal Protective Equipment (PPE) and staff support continue to be received. To this point, none of the requests submitted for personnel were fulfilled. This is not because the requests were without merit; rather, it is because all assets are presently deployed.

At present there are adequate quantities of PPE to fill requests as they are received.

b.2. System Performance *(1st Quarter, FY 2020/2021)*

- Response time Percentages (EOA Provider)
 - Medic: 99%
- Response time Percentages (PPP Providers)
 - Benicia: 93%
 - Dixon: 95%
 - Fairfield: 91%
 - Vallejo: 90%

b.3. System Updates

The Agency has received applications for Stroke designation from each of our hospital systems. A number of virtual surveys have already been conducted.

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 1/14/2021

6. REPORTS

- c. Medic Ambulance Operator Report (verbal update, no action)**

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 1/14/2021

6. REPORTS

d. EMS Activity Report

Attachments:

**A – EMS Quarterly Activity Report for the Period of October 1 to December 31, 2020
including:**

- (1) EMS General Overview**
- (2) EMS General Data**
- (3) EMS Specialty Care Program Data**
- (4) EMS Trauma One**
- (5) Emergency Medical Dispatch (EMD) ProQA**
- (6) ESO EMD Data Repository**

SEMSC Board Meeting

EMS Quarterly Activity Report Outline

January 14, 2021

I. General Overview

Quarterly Activity Report:

- General EMS Status and Updates
- Specialty Care Program Status and Updates
- Current Projects Status and Updates
- Report Period: October 1 – December 31, 2020

Field Advisory Reports:

- ALS RN vs CCT
- Lack of Bed Availability
- Personnel Disputes/Conduct
- Exclusive Operating Area
- Scope of Practice
- Destination Decisions
- Policy and Protocol

New/Revised Policies:

- Policy 5100: Authority of Emergency Scene Management
- Policy 6105: Solano County Prehospital Trauma Triage Plan
- Policy 6614: Paramedic Local Optional Scope of Practice: Administration of Influenza and/or COVID-19 Vaccine

New/Revised Protocols:

- ALS C-8, Narrow Complex Tachycardia
- ALS N-2, Seizure

II. General Data

EMS Agency General Data: Oct. 1 – Dec. 31, 2020

- Paramedics, EMTs, MICNs
- Vaccinations

EMS System General Aggregate Data: January 1 - November 30, 2020

- Data Dashboard Page

EMS Data Dashboard Project

- Data Dashboard
 - The Dashboard posted on EMS Agency web page on 10/15/2020.
 - Our team created a new tab for the EDAP Program.

**Item 6-d
Attachment A**

- Next Goal: Add first responder data from PPP fire departments.

III. Specialty Care Programs and Data

Trauma

- Program Status: Fully Operational! Redesignations occurring Jan. 2021.
- Regulation:
 - Designations: KP Vacaville (II), NorthBay (III)
 - Site Surveys/Visits: 0
- Quality Assurance:
 - Data Collection: Quarterly Reports from Trauma Centers, EMS Transport
 - QA/PI Meetings: EMS Quarterly, Oct. 2020
- Outreach:
 - Public Outreach Events: 0

STEMI

- Program Status: Fully Operational! Redesignations occurring Jan. 2021.
- Regulation:
 - Designations: KP Vallejo, NorthBay
 - Site Surveys/Visits: 0
- Quality Assurance:
 - Data Collection: Monthly Reports from STEMI Centers, EMS Transport
 - QA/PI Meetings: EMS Quarterly, Oct. 2020
- Outreach:
 - Public Outreach Events: 0

EDAP

- Program Status: Fully Operational. Redesignations occurred in Dec. 2020. EDAP Data Dashboard Tab – completed!
- Regulation:
 - Designations: KP Vacaville, KP Vallejo, NorthBay, VacaValley
 - Site Surveys/Visits: 0
- Quality Assurance:
 - EDAP Data Collection Restarted
 - QA/PI Meetings: First report will be given at Jan. 2021 EMS Quarterly
- Outreach:
 - Public Outreach Events: 0

Stroke

- Program Status: In Progress! Virtual designation surveys completed; in-person portion postponed due to COVID-19
- Regulation:
 - Designations: In Progress
 - Site Surveys/Visits: 0
- Quality Assurance:
 - Data Collection: Monthly Reports from All Hospitals, EMS Transport

**Item 6-d
Attachment A**

- QA/PI Meetings: First report will be given at the Jan. 2021 EMS Quarterly
- Outreach:
 - Public Outreach Events: 0

IV. EMS Trauma One

Background

- Trauma One is a data repository for trauma data, originally implemented in 2013.
- Trauma centers currently input trauma data into Trauma One, however, due to software update issues, the EMS agency is unable to utilize their data.

Current Status

- The Trauma One team reports that system mapping is still in progress and they are setting up a new data import-export process.

Next Goals

- The EMS Agency team will assist Trauma One in coordinating a short training for trauma centers and the Agency on the new import-export process.
- Project completion window has been extended to February/March 2021.

V. Emergency Medical Dispatch (EMD) ProQA

Background

- Emergency Medical Dispatch (EMD) is a protocol reference system for dispatchers to give pre-arrival instructions to callers at the scene of a medical emergency.

Current Status

- Minor increase in implementation costs; funding options are being explored.
- Project implementation work group created with key players participating.

Next Goals

- The EMS agency team will explore additional funding sources and assist PSAPs with execution of the agreement with Priority Dispatch and implementation.

VI. ESO EMS Data Repository

Background

- ESO is a data repository for CEMISIS/NEMISIS data, which will directly submit CEMISIS/NEMISIS data to the state; projected start date of January 1, 2021.

Current Status

- ESO is currently working with the EMS Agency and transport providers.

Next Goals

- EMS agency team will create and run new reports for quality improvement.

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 1/14/2021

6. REPORTS

e. SEMSC Fiscal/Budget Update (Informational Report)

**Attachments: A – Revenue to Date
B – Expenses to Date
C – Revenue Forecast**

**Item 6-e
Attachment A**

REVENUE TO DATE

Period	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL	NOTES
FY 19/20	\$ 539,686	\$ 87,208	\$ 55,867	\$ 538,456	\$ 59,867	\$ 98,008	\$ 603,857	\$ 55,340	\$ 1,815	\$ 411,891	\$ 1,400	\$ 210,633	\$ 2,664,028	*includes PPP pass through revenues
FY 20/21	\$ 424,271	\$ 84,708	\$ 50,292	\$ 449,447	\$ 76,142	\$ 123,867							\$ 1,208,726	*includes PPP pass through revenues and projected receipt of Nov. Franchise Fee on 12/31/20

**Item 6-e
Attachment B**

Solano Emergency Medical Services Cooperative

	FY2019/20 Actuals	FY2021/21 Budget Approved by SEMSC	FY2020/21 Actuals 11/30/2020	
EXPENSES				
Program expenses:				
Public private partnership fees	1,733,633	1,700,000	174,721	
Professional and specialized services (net of Maddy funds)	974,615	1,077,200	37,312	<i>Note 1</i>
Total	\$ 2,708,248	\$ 2,777,200	\$ 212,033	
 REVENUES				
Program revenues:				
Public private partnership fees	1,733,633	1,700,000	400,540	<i>Note 2</i>
Franchise fees	500,300	550,000	166,667	
Licenses and permits	297,175	435,200	75,445	
Forfeitures and penalties	-	16,000	-	
General revenues:				
Interest earnings	8,467	15,000	858	
Draw from available fund balance:				
	168,973	61,000		
Total	\$ 2,708,548	\$ 2,777,200	\$ 643,510	

Note 1:
FY2020/21 supplemental adjustments approved by the Solano County BOS include the redirection of EMS staff to COVID response activities funded by CARES.

Note 2:
In July 2020, Solano County received COVID-19 HPP Supplemental Funding (Award Number COVID-19-4802) to support health care preparedness and response activities. The grant requires that a minimum of \$43,175 must go to the local EMS agency for patient coordination and transport planning.

**Item 6-e
Attachment C**

**REVENUE FORECAST
Fiscal Year 2020/2021**

REVENUES	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL	NOTES
PPP Pass Through*	\$ 400,541			\$ 400,540			\$ 400,541			\$ 400,541			\$ 1,602,163	
Air Ambulance Permit						\$ 4,200							\$ 4,200	
BLS Ambulance Permits					\$ 7,500	\$ 6,000							\$ 13,500	
CCT Ambulance Permits (Biennial)										\$ 54,000			\$ 54,000	
Ambulance Inspections	\$ 200						\$ 120	\$ 360					\$ 680	
ALS Designation Fee (one-time)	\$ 2,500												\$ 2,500	One time designation fee
License & Certifications	\$ 3,030	\$ 1,375	\$ 2,625	\$ 1,240	\$ 2,975	\$ 4,500	\$ 1,980	\$ 4,248	\$ 2,178	\$ 1,620	\$ 1,680	\$ 2,760	\$ 30,211	
Franchise Fee**		\$ 83,333	\$ 41,667	\$ 41,667	\$ 41,667		\$ 87,500	\$ 45,833	\$ 45,833	\$ 45,833	\$ 45,833	\$ 45,833	\$ 525,000	*Increase to \$550,000 in Jan 2021; Nov. & Dec. 2020 franchise fee expected to be received Jan 2021.
Base Hospital Fee - KP VAL	\$ 6,000												\$ 6,000	
Base Hospital Fee - KP VAC	\$ 6,000												\$ 6,000	
Base Hospital Fee - NBMC	\$ 6,000												\$ 6,000	
Base Hospital Fee - SSMC			\$ 6,000										\$ 6,000	
EDAP Fee - KP VAL						\$ 6,000							\$ 6,000	
EDAP Fee - KP VAC					\$ 6,000								\$ 6,000	
EDAP Fee - NBMC					\$ 6,000								\$ 6,000	
STEMI Fee - KP VAL							\$ 12,000						\$ 12,000	
STEMI Fee - NBMC							\$ 12,000						\$ 12,000	
Stroke Fee - KP VAL					\$ 6,000								\$ 6,000	
Stroke Fee - KP VAC					\$ 6,000								\$ 6,000	
Stroke Fee - NBMC							\$ 6,000						\$ 6,000	
Stroke Fee - SSMC				\$ 6,000									\$ 6,000	
Trauma Level II - KP VAC							\$ 180,000						\$ 180,000	
Trauma Level III - NBMC						\$ 60,000							\$ 60,000	
Fines						\$ 1,500.00							\$ 1,500.00	
TOTAL	\$ 424,271	\$ 84,708	\$ 50,292	\$ 449,447	\$ 76,142	\$ 82,200	\$ 700,141	\$ 50,441	\$ 48,011	\$ 501,994	\$ 47,513	\$ 48,593	\$ 2,562,254	With PPP
	\$ 23,730	\$ 84,708	\$ 50,292	\$ 48,907	\$ 76,142	\$ 82,200	\$ 299,600	\$ 50,441	\$ 48,011	\$ 101,453	\$ 47,513	\$ 48,593	\$ 961,591	Excluding PPP
	<i>July to December - Actual Collected</i>													

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 1/14/2021

8. REGULAR CALENDAR

a. Selection of Vice Chair for 2021

BACKGROUND:

In accordance with the SEMSC Bylaws, the SEMSC Board shall be comprised of seven members: the Solano County Administrator; one City Manager selected by the Solano County City Managers; one Fire Chief selected by the Solano-Napa Counties Fire Chiefs organization; two Medical Professional Representatives selected by the Solano County hospitals with emergency rooms; one Physicians' Forum Representative selected by the Physicians' Forum; and one Healthcare Consumer Representative selected by the other six members of the Board. Each Board Member appointment is for a term of four years, with the exception of the Chair, which is a permanent appointment. The Bylaws provide for the annual election of the Vice Chair.

As indicated above, the Board must elect a Vice Chair annually. Pursuant to Article V, Section C, of the Solano Emergency Medical Services Cooperative (SEMSC) Bylaws, "The Board, at its regular January meeting, shall elect the Vice Chair, who shall hold office for a term of one (1) year unless the Vice Chair resigns. Should the Vice Chair resign, the Board shall elect a new Vice Chair who shall hold office for the remainder of the term." Richard Watson occupied the position from 2014-2018. Mr. John Jansen was appointed in 2019. The Board should appoint a Vice Chair for 2021 at this meeting.

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 1/14/2021

8. REGULAR CALENDAR

b. Approval of the 2021 Meeting Schedule

BACKGROUND:

Article VI Section B of the SEMSC Bylaws, “The Board shall hold regular meetings at such dates, hours and place as shall be fixed by resolution of the Board.” Resolution 5-0001 states that “the regular meeting schedule of the SEMSC Board of Directors shall be quarterly, occurring on the first month of each quarter, beginning with the Annual Meeting of the Parties scheduled for January 12, 2006.”

In accordance with Resolution 5-0001, the Regular SEMSC Board Meetings for this year fall on the following dates:

- January 14, 2021
- April 8, 2021
- July 8, 2021
- October 14, 2021.

The Board should approve the above meeting schedule.

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 1/14/2021

8. REGULAR CALENDAR

- c. Discuss and Consider Approval of the SEMSC Budget/Revenue Allocation Plan for FY 2021/2022 and Adoption of Resolution 21-001**

Attachments: A – Resolution 21-001
B – Projected Reserves Balance

BACKGROUND:

The SEMSC was established as a Joint Powers Authority in February 1996. In accordance with Article VIII of the Joint Powers Authority Bylaws, adopted on June 26, 2002, staff is presenting for Board approval and adoption the Annual SEMSC Budget/Revenue Allocation Plan for FY 2021/2022, in the amount \$2,871,220, along with Resolution Number 21-001 (Attachment A). The Budget/Revenue Allocation Plan provides appropriate staffing and supplies for the work of SEMSC to be carried-out during the coming fiscal year and allocates sufficient funds for expenses related to SEMSC operations. The budget proposal highlights the differences between this Fiscal Year’s approved budget, actual budget, and the proposed 2021/2022 Fiscal Year budget.

Although \$1,700,000 is included in the budget for PPP Pass-thru, the Agency has been informed verbally that once an official agreement between Medic Ambulance and the five PPP Fire Departments is executed, the financial pass-thru entity will be transferred from our Auditor/Controller Office to the City of Fairfield. As a result, this budget will likely require modification in the not too distant future. This was the approach recommended by the Health and Social Services Department’s Policy and Fiscal Manager due to the fact the agreement between the parties is not yet in place

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Item 8-c
Attachment A

RESOLUTION NO. 21-001

**RESOLUTION OF THE SOLANO COUNTY
EMERGENCY MEDICAL SERVICES COOPERATIVE
SUBMISSION OF ANNUAL BUDGET AND REVENUE ALLOCATION PLAN**

WHEREAS, the Solano Emergency Medical Services Cooperative (SEMSC) was established under the authority of Government Code §6500, and through a Joint Powers Agreement initially executed in February 1996 and is recognized as the Emergency Medical Services Agency under Health and Safety Code §1797.50, and is named as such for Solano County by Solano County Board of Supervisors Ordinance No. 1527; and

WHEREAS, the SEMSC in its role as the Emergency Medical Services Agency has the primary responsibility for the administration and implementation of an emergency medical services system in Solano County; and

WHEREAS, the SEMSC has entered into a Memorandum of Understanding (MOU) with the Solano County Health and Social Services (H&SS) Department to establish the scope of services between SEMSC and H&SS relative to Emergency Medical Services (EMS) in Solano County; and

WHEREAS, pursuant to the SEMSC Bylaws, this budget presentation includes personnel, overhead, and direct expenses; prepared and attached is the Fiscal Year (FY) 2021/2022 budget of \$2,871,220 in expenditures (i.e. salaries, benefits, services and supplies, and transfers outside and within the H&SS fund) and \$2,871,220 in revenue (i.e. licenses, permits, franchise fees, fines, forfeitures, penalties, assessments, pass through revenue, and revenue from use of money/property) for adoption by the SEMSC; and

WHEREAS, the SEMSC Board of Directors has determined that the annual budget should be presented to the SEMSC Board for review and acceptance in advance of the end of the fiscal year.

NOW, THEREFORE, BE IT RESOLVED that the SEMSC Board adopts the attached Annual SEMSC Budget/Revenue Allocation Plan for the FY 2021/2022.

Passed and adopted by the Board of Directors of the Solano County Emergency Medical Services Cooperative on January 14, 2021 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Birgitta Corsello
Chair of the SEMSC Board

Attest:

Rachelle Canones
Clerk of the SEMSC Board

Item 8-c Attachment A

EXPENSES				
	Approved FY 2020/2021	Proposed FY 2021/2022	Variance	
SALARIES AND BENEFITS				
Administrator	0.75	153,000	0.8	137,780
EMS Coordinator	2.0	296,000	2.0	301,920
Nurse Supervisor	0.75	114,000	0.8	116,280
Health Educator	0.8	105,000	0.8	107,100
Health Assistant	1.0	112,000	1.0	114,240
Administrative Secretary	1.0	116,000	1.0	118,320
Project Manager	0.2	29,000	0.2	29,580
	\$	925,000	\$	925,220
			\$	220
SERVICES, SUPPLIES & CONTRACTS				
PPP Pass-Through**		1,700,000		1,700,000
Medical Director		35,000		37,000
County Counsel		21,000		25,000
Auditor Controller		12,000		12,000
Service/IT Contracts		14,000		44,000
Operating Expenses		9,000		9,000
	\$	1,791,000	\$	1,827,000
			\$	36,000
COUNTYWIDE OVERHEAD (Transfers outside H&SS)				
Countywide Overhead		34,000		36,000
				2,000
DEPARTMENTAL OVERHEAD (Transfers within H&SS)				
H&SS overhead		82,000		83,000
				1,000
TOTAL	\$	2,832,000	\$	2,871,220
			\$	39,220

REVENUE				
	Adopted FY 2020/21	Proposed FY 2021/2022	Variance	
LICENSES, PERMITS & FRANCHISE FEES				
EOA Franchise Fee:	550,000	550,000		
LII Trauma Designation Fees	180,000	180,000		
LIII Trauma Designation Fees	60,000	60,000		
STEMI Designation Fees (x2)	24,000	24,000		
EDAP Designation Fees (x3)	18,000	18,000		
Stroke Designation Fees (x4)	24,000	24,000		
Base Station Designation Fees (x4)	24,000	24,000		
BLS Ambulance/Provider Fees	15,000	15,000		
CCT Ambulance Provider Fees	45,000	45,000		
Air Ambulance Permit	4,200	4,200		
Paramedic Accreditation, EMT Certification/Registration/Mobile Intensive Care Nurse	30,000	30,000		
Ambulance Inspection	11,000	11,000		
	\$	985,200	\$	985,200
			\$	-
FINES, FORFEITURES, PENALTIES & ASSESSMENTS				
Anticipated fines for violations	16,000	16,000		-
PASS THROUGH REVENUE				
PPP Pass-Through	1,700,000	1,700,000		-
GRANTS, ALLOCATIONS & DESIGNATED FUNDING				
Maddy Fund Administration	55,000	55,000		-
REVENUE FROM USE OF MONEY				
Interest earned on allocations and reserves	15,000	17,000		2,000
TRANSFERS FROM RESERVES				
Carryover from previous years	60,800	98,020		37,220
TOTAL	\$	2,832,000	\$	2,871,220
			\$	39,220

****This line item is required under the current Public Private Partnership (PPP) for ALS First Responder Emergency Services Agreement and is subject to deletion upon the execution of a new contract between Medic and the participating member fire departments.**

**Item 8-c
Attachment B**

Projected SEMSC Reserves Balance

	FY 2020/2021	FY 2021/2022
SEMSC Reserves Balance as of 6/30/2020	\$ 48,396	
Add: LEMSA allocation from HPP COVID-19 grant	\$ 43,175	
Add: Projected salary savings from staff charges allocated to CARES act funds from 7/1/20 through 12/30/20	\$ 396,837	
Projected SEMSC Reserves Balance as of 6/30/2021	\$ 488,408	
Subtract: Projected use of reserves balance from 7/1/2021 through 6/30/2022		\$ (98,020)
Projected SEMSC Reserves Balance as of 6/30/2022	\$ -	\$ 390,388

**Assumption in calculating balances: revenues collected will cover expenditures*